

Maryland HIV/AIDS Quarterly Update

Third Quarter 2013

Data reported through September 30, 2013



Center for HIV Surveillance, Epidemiology and Evaluation
Infectious Disease Bureau
Prevention and Health Promotion Administration
Maryland Department of Health and Mental Hygiene
<http://phpa.dhmmh.maryland.gov/oideor/chse>
1-800-358-9001



TABLE OF CONTENTS

Section I – Background Information	1
HIV/AIDS Reporting Requirements.....	1
For Assistance with HIV/AIDS Reporting	2
Limitations in the HIV/AIDS Data	2
Stages of a Case of HIV/AIDS	2
Changes in Case Terminology.....	3
Laboratory Data	3
Sources of Data	3
Tabulation of Column Totals	4
Data Suppression.....	4
On-line Mapping Tool.....	4
Glossary of Terms.....	4
Section II – Adult/Adolescent Cases by Jurisdiction	6
Table 1 – Adult/Adolescent HIV Diagnoses during 10/1/2011-9/30/2012, First CD4 Test Result, Percent Linked to Care, and Percent Late Diagnosis, by Jurisdiction, Reported through 9/30/2013.....	6
Table 2 – Adult/Adolescent AIDS Diagnoses during 10/1/2011-9/30/2012, Mean Years from HIV Diagnosis and Percent Late HIV Diagnosis, by Jurisdiction, Reported through 9/30/2013	7
Table 3 – Adult/Adolescent HIV Cases Alive on 9/30/2012, by Jurisdiction, Reported through 9/30/2013.....	8
Table 4 – CD4 Test Results for Adult/Adolescent HIV Cases Alive on 9/30/2012, Reported through 9/30/2013.....	9
Table 5 – Viral Load Test Results for Adult/Adolescent HIV Cases Alive on 9/30/2012, by Jurisdiction, Reported through 9/30/2013	10

Section I – Background Information

HIV/AIDS Reporting Requirements

The Maryland HIV/AIDS Reporting Act of 2007 went into effect on April 24, 2007. The law expanded HIV/AIDS reporting and required that HIV cases be reported by name. The following highlights the reporting requirements of Health-General Articles 18-201.1, 18-202.1, and 18-205 of the Annotated Code of Maryland, as specified in COMAR 10.18.02.

- Physicians are required to report patients in their care with diagnoses of HIV or AIDS immediately to the Local Health Department where the physician's office is located by mailing DHMH Form 1140. Reports are also accepted by phone.
- Physicians are required to report infants born to HIV positive mothers within 48 hours to the State Health Department by mailing DHMH Form 1140. Reports are also accepted by phone.
- Clinical and infection control practitioners in hospitals, nursing homes, hospice facilities, medical clinics in correctional facilities, inpatient psychiatric facilities, and inpatient drug rehabilitation facilities are required to report

patients in the care of the institution with diagnoses of HIV or AIDS within 48 hours to the Local Health Department where the institution is located by mailing DHMH Form 1140. Reports are also accepted by phone. Facilities with large volumes are encouraged to contact the State Health Department to establish electronic reporting.

- Laboratory directors are required to report patients with laboratory results indicating HIV infection (e.g., positive confirmatory HIV diagnostic tests, all CD4 immunological tests, all HIV viral load tests, and all HIV genotype and phenotype tests) within 48 hours to the Local Health Department where the laboratory is located, or if out of state to the Maryland State Health Department, by mailing DHMH Form 4492. Laboratories are encouraged to contact the State Health Department to establish electronic reporting.

Reporting forms and instructions are available on our website:
<http://phpa.dhmdh.maryland.gov/oideor/chse/sitepages/reporting-material.aspx>

For Assistance with HIV/AIDS Reporting

For assistance with reporting, including establishment of routine, electronic, or other alternate methods of reporting to the Health Department, please contact the Center for HIV Surveillance, Epidemiology and Evaluation in the Maryland Department of Health and Mental Hygiene at 410-767-5061.

Limitations in the HIV/AIDS Data

This epidemiological profile only contains data for HIV and AIDS cases that have been diagnosed by a health care provider, were reported to the health department by name, and were residents of Maryland at the time of diagnosis. Nationally, it has been estimated that 18% of people living with HIV infection are undiagnosed. In addition, despite a massive effort during which over 17,000 HIV cases were reported after the Maryland HIV reporting law changed on April 24, 2007, not all diagnosed HIV cases previously reported by Maryland's code-based identifier were located and re-reported by name. In addition, many of the re-reported HIV cases were identified by a recent diagnosis and not by their earliest diagnosis, resulting in an under-reporting of HIV diagnoses before 2001 and an over-reporting of HIV diagnoses from 2001 to 2008. Caution should be exercised in using the number of living HIV cases without AIDS and in interpreting trends in the number of reported HIV diagnoses. Furthermore, laboratory data are only available for cases receiving medical care, usually only at facilities in Maryland, and only includes test results that have been reported to the health department.

Stages of a Case of HIV/AIDS

Untreated HIV disease progresses from HIV infection to AIDS to death. These are biological events that occur whether or not a person receives any medical care. For example, a person can be HIV infected but never have an HIV test and so they do not have an HIV diagnosis. A medical provider diagnoses that these biological events have occurred and records them as a medical event. The law requires medical providers to report these medical events to the Health Department, thereby creating a surveillance event.

Time Point	Biological Event	Medical Event	Surveillance Event
1	HIV Infection		
2		HIV Diagnosis	
3			HIV Report
4	AIDS Conditions		
5		AIDS Diagnosis	
6			AIDS Report
7	Death		
8		Death Diagnosis	
9			Death Report

For surveillance purposes, a case of HIV/AIDS can only move through time in one direction, from HIV infection to death report [from time point 1 to time point 9], but may skip over individual stages. Events can occur simultaneously, but usually there is a time lag between them. The time lag between events can be measured in days, months, or years.

For example, the time between HIV infection [time point 1] and the test that diagnoses HIV [time point 2] may be several years, and it may then take several days for the laboratory and physician to report the diagnosis to the health department [time point 3]. In a second example, a person with diagnosed and reported HIV infection [time point 3] may die [time point 7] without developing AIDS, thereby skipping the three AIDS events (conditions, diagnosis, and report [time points 4, 5 and 6]). And in a third example, a person with undiagnosed HIV infection [time point 1] may become sick, enter the hospital, and die [time point 7] of what is later determined to be AIDS. In that situation, HIV diagnosis [time point 2], AIDS diagnosis [time point 5], and death diagnosis [time point 8] would all occur at the same time, and that would have been many years after the initial HIV infection [time point 1].

Changes in Case Terminology

The terminology for HIV and AIDS cases was changed from earlier epidemiological profiles to be more precise, with Reported Diagnoses replacing Incidence and Living Cases replacing Prevalence. Incidence is a measure of the number of new events (such as HIV infections) in a population during a period of time. Prevalence is a measure of the number of people living with a condition (such as HIV) in a population at a certain time. Prevalence includes both new and old cases. For HIV, Incidence and Prevalence cannot be directly measured and must be estimated using statistical methods. The HIV surveillance system is able to provide the actual number of diagnoses and deaths that are reported in the population.

For this epidemiological profile, the reports received through a certain time (the end of the year) are used to generate the number of diagnoses during the prior years. This one year lag allows for delays in reporting and time to complete investigations. For example, the Reported HIV Diagnoses for 10/1/2011-9/30/2012 are the total of the reported HIV cases with or without an AIDS diagnosis, diagnosed with HIV during 10/1/2011-9/30/2012, as reported by name through 9/30/2013.

To calculate the number of Living Cases we count up all of the Reported Diagnoses from the beginning of the epidemic (all the Reported HIV Diagnoses each year) and subtract all of the Reported Deaths. For example, the Total Living HIV Cases on 9/30/2012 are the total of the reported HIV Cases with or without an AIDS diagnosis and not reported to have died as of 9/30/2012 as reported by name through 9/30/2013.

Laboratory Data

CD4+ T-lymphocyte tests are measures of a person's immune system function. An HIV infected adult is considered to have AIDS if they have less than 200 CD4 cells per microliter of blood. Viral load (VL) tests are measures of the amount of HIV in a person's body. The goal of HIV treatment is to have a very low number of copies of virus per milliliter of blood, below what the test can measure, which is called an undetectable level. Treatment recommendations are that a person in HIV medical care should have their CD4 and VL levels measured at least 2-3 times per year. We use the presence of these lab tests as an indicator that someone has been "linked to care" initially after diagnosis or in following years that they remain "in care".

Sources of Data

Information on HIV and AIDS diagnoses, including residence at diagnosis, age, race/ethnicity, sex at birth, country of birth, vital status, HIV exposure category, and CD4 and HIV viral load test results are from the Maryland Department of Health and Mental Hygiene's Enhanced HIV/AIDS Reporting System (eHARS), September 30, 2013.

Population data by sex, age, and race are from the July 1, 2012 U.S. Census Estimates. Due to estimation limitations, some population totals may not equal the sum of its components.

Tabulation of Column Totals

Figures in tables and generally in the text have been rounded. Discrepancies in tables between totals and sums of components are due to rounding.

Data Suppression

In order to protect the confidentiality of reported HIV cases, data are suppressed in the following instances:

- Data describing a demographic group or geographic area (e.g. ZIP code) with a population less than 1,000 people.
- All clinical/laboratory information if it is describing less than 5 cases.
- All exposure/risk information if it is describing less than 5 cases, except in the case of "other" exposure.
- If any cell is suppressed, additional cells are also suppressed as necessary to prevent back calculation of the suppressed cell(s).

On-line Mapping Tool

Please visit the Maryland Department of Health and Mental Hygiene's website at <http://phpa.dhmh.maryland.gov/oideor/chse> to create your own maps of adult/adolescent HIV rates by jurisdiction of residence, subset them by sex at birth and race/ethnicity, zoom in to the jurisdiction level, plot the locations of HIV testing sites, and print out your custom map.

Glossary of Terms

Adult/Adolescent Living HIV Cases with AIDS: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an AIDS diagnosis, and not reported to have died as of 9/30/2012.

Adult/Adolescent Living HIV Cases without AIDS: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, without an AIDS diagnosis, and not reported to have died as of 9/30/2012.

Adult/Adolescent Reported AIDS Diagnoses: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial AIDS diagnosis during the specified year.

Adult/Adolescent Reported HIV Diagnoses: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial HIV diagnosis during the specified year.

Adult/Adolescent Total Living HIV Cases: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with or without an AIDS diagnosis, and not reported to have died as of 9/30/2012.

CD4 Result Distribution (<200, 200-349, 350-499, 500+): Percent of cases with a CD4 test distributed by their CD4 count results (cells per microliter).

First CD4 Test Result: First reported CD4 test result obtained within 12 months following initial HIV diagnosis.

Jurisdiction of Residence at AIDS Diagnosis: Jurisdiction of residence at time of initial AIDS diagnosis.

Jurisdiction of Residence at Diagnosis: Jurisdiction of residence at the later of time of initial HIV diagnosis or time of initial AIDS diagnosis.

Jurisdiction of Residence at HIV Diagnosis: Jurisdiction of residence at time of initial HIV diagnosis.

Mean Years from HIV Diagnosis (to AIDS Diagnosis): Mean number of years from initial HIV diagnosis to initial AIDS diagnosis for cases with a reported AIDS diagnosis.

Median: The measure of central location which divides a set of data into two equal parts.

Median Count (First CD4): Median CD4 count (cells per microliter) of the first CD4 test result reported within 12 months following initial HIV diagnosis.

Median Count (Recent CD4): Median CD4 count (cells per microliter) of the most recent CD4 test result reported in the 12 months prior to 9/30/2012.

Median Unsuppressed (Viral Load): Median unsuppressed viral load (copies per milliliter) among adult/adolescent living HIV cases with a most recent viral load test result reported in the 12 months prior to 9/30/2012 of 400 copies per milliliter or greater.

Percent Late HIV Diagnosis (for AIDS diagnoses): Percent of adult/adolescent reported AIDS diagnoses with an initial HIV diagnosis less than or equal to 12 months prior to their initial AIDS diagnosis.

Percent Late HIV Diagnosis (for HIV diagnoses): Percent of adult/adolescent reported HIV diagnoses with an initial AIDS diagnosis less than or equal to 12 months after their initial HIV diagnosis.

Percent Linked to Care: Percent of adult/adolescent reported HIV diagnoses with a CD4 or viral load test performed less than or equal to 3 months after their initial HIV diagnosis.

Percent Suppressed (Viral Load): Percent of adult/adolescent total living HIV cases with a most recent viral load reported in the 12 months prior to 9/30/2012 of less than 400 copies per milliliter.

Population Age 13+: Population age 13 years or older, estimate for 7/1/2012.

Rate: A proportion used to represent risk for disease within a given population. It is calculated by dividing the number of diagnoses by the number of persons at risk (population estimate).

Ratio (1 in X): Number of people for every 1 living HIV case in the population, or 1 living HIV case in every X number of people.

Recent CD4 Test Result: The most recent CD4 test result reported in the 12 months prior to 9/30/2012.

Recent Viral Load Test Result: The most recent viral load test result reported in the 12 months prior to 9/30/2012.

Suggested Citation: Maryland HIV/AIDS Quarterly Update, Third Quarter 2013. Baltimore, MD: Center for HIV Surveillance, Epidemiology and Evaluation, Infectious Disease Bureau, Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene. September 2013.

Section II – Adult/Adolescent Cases by Jurisdiction

Table 1 – Adult/Adolescent HIV Diagnoses during 10/1/2011-9/30/2012, First CD4 Test Result, Percent Linked to Care, and Percent Late Diagnosis, by Jurisdiction, Reported through 9/30/2013

JURISDICTION OF RESIDENCE AT HIV DIAGNOSIS	Population Age 13+	Adult/Adolescent Reported HIV Diagnoses							
		No.	% of Total	Rate	First CD4 Test Result			% Linked to Care	% Late HIV Diagnosis
					No. with Test	% with Test	Median Count		
Allegany	64,786	4	0.3%	6.2	***	***	***	***	***
Anne Arundel	460,107	42	3.0%	9.1	37	88.1%	343	83.3%	35.7%
Baltimore City	521,466	428	30.3%	82.1	341	79.7%	387	75.0%	26.6%
Baltimore	690,522	180	12.8%	26.1	147	81.7%	386	77.2%	26.1%
Calvert	74,654	12	0.9%	16.1	12	100.0%	314	83.3%	33.3%
Caroline	27,021	4	0.3%	14.8	***	***	***	***	***
Carroll	141,013	3	0.2%	2.1	***	***	***	***	***
Cecil	84,566	5	0.4%	5.9	5	100.0%	338	100.0%	40.0%
Charles	124,626	18	1.3%	14.4	14	77.8%	362	66.7%	33.3%
Dorchester	27,518	8	0.6%	29.1	7	87.5%	336	75.0%	37.5%
Frederick	198,694	15	1.1%	7.5	13	86.7%	286	93.3%	40.0%
Garrett	25,615	1	0.1%	3.9	***	***	***	***	***
Harford	208,064	20	1.4%	9.6	19	95.0%	266	85.0%	50.0%
Howard	248,000	26	1.8%	10.5	22	84.6%	369	88.5%	30.8%
Kent	17,692	2	0.1%	11.3	***	***	***	***	***
Montgomery	834,814	195	13.8%	23.4	164	84.1%	349	72.8%	33.8%
Prince George's	733,568	369	26.2%	50.3	277	75.1%	360	69.4%	29.5%
Queen Anne's	40,871	1	0.1%	2.4	***	***	***	***	***
Saint Mary's	89,056	10	0.7%	11.2	8	80.0%	339	70.0%	20.0%
Somerset	23,041	2	0.1%	8.7	***	***	***	***	***
Talbot	32,981	0	0.0%	0.0	--	--	--	--	--
Washington	125,490	14	1.0%	11.2	12	85.7%	338	92.9%	28.6%
Wicomico	84,554	7	0.5%	8.3	7	100.0%	231	100.0%	42.9%
Worcester	45,218	5	0.4%	11.1	5	100.0%	245	100.0%	80.0%
Corrections	--	40	2.8%	--	34	85.0%	544	75.0%	12.5%
TOTAL	4,923,935	1,411	100.0%	28.7	1,139	80.7%	375	74.8%	29.3%

*** Data withheld due to low population counts and/or case counts

Adult/Adolescent Reported HIV Diagnoses: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial HIV diagnosis during the specified year.

Jurisdiction of Residence at HIV Diagnosis: Jurisdiction of residence at time of initial HIV diagnosis.

Population Age 13+: Population age 13 years or older, estimate for 7/1/2012.

Rate: A proportion used to represent risk for disease within a given population. It is calculated by dividing the number of diagnoses by the number of persons at risk (population estimate).

First CD4 Test Result: First reported CD4 test result obtained within 12 months following initial HIV diagnosis.

Median Count (First CD4): Median CD4 count (cells per microliter) of the first CD4 test result reported within 12 months following initial HIV diagnosis.

Percent Linked to Care: Percent of adult/adolescent reported HIV diagnoses with a CD4 or viral load test performed less than or equal to 3 months after their initial HIV diagnosis.

Percent Late HIV Diagnosis (for HIV diagnoses): Percent of adult/adolescent reported HIV diagnoses with an initial AIDS diagnosis less than or equal to 12 months after their initial HIV diagnosis.

Table 2 – Adult/Adolescent AIDS Diagnoses during 10/1/2011-9/30/2012, Mean Years from HIV Diagnosis and Percent Late HIV Diagnosis, by Jurisdiction, Reported through 9/30/2013

JURISDICTION OF RESIDENCE AT AIDS DIAGNOSIS	Population Age 13+	Adult/Adolescent Reported AIDS Diagnoses				
		No.	% of Total	Rate	Mean Years from HIV Diagnosis	% Late HIV Diagnosis
Allegany	64,786	0	0.0%	0.0	--	--
Anne Arundel	460,107	37	4.5%	8.0	4.4	43.2%
Baltimore City	521,466	279	34.3%	53.5	5.0	35.8%
Baltimore	690,522	107	13.1%	15.5	4.1	44.9%
Calvert	74,654	4	0.5%	5.4	***	***
Caroline	27,021	4	0.5%	14.8	***	***
Carroll	141,013	3	0.4%	2.1	***	***
Cecil	84,566	4	0.5%	4.7	***	***
Charles	124,626	14	1.7%	11.2	2.9	42.9%
Dorchester	27,518	5	0.6%	18.2	3.5	60.0%
Frederick	198,694	7	0.9%	3.5	1.7	57.1%
Garrett	25,615	0	0.0%	0.0	--	--
Harford	208,064	14	1.7%	6.7	3.5	64.3%
Howard	248,000	14	1.7%	5.6	2.0	50.0%
Kent	17,692	0	0.0%	0.0	--	--
Montgomery	834,814	98	12.0%	11.7	1.9	73.5%
Prince George's	733,568	178	21.9%	24.3	2.4	62.9%
Queen Anne's	40,871	1	0.1%	2.4	***	***
Saint Mary's	89,056	6	0.7%	6.7	2.2	50.0%
Somerset	23,041	1	0.1%	4.3	***	***
Talbot	32,981	2	0.2%	6.1	***	***
Washington	125,490	6	0.7%	4.8	0.1	100.0%
Wicomico	84,554	8	1.0%	9.5	6.2	37.5%
Worcester	45,218	5	0.6%	11.1	0.9	80.0%
Corrections	--	17	2.1%	--	4.1	47.1%
TOTAL	4,923,935	814	100.0%	16.5	3.6	50.5%

*** Data withheld due to low population counts and/or case counts

Adult/Adolescent Reported AIDS Diagnoses: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial AIDS diagnosis during the specified year.

Jurisdiction of Residence at AIDS Diagnosis: Jurisdiction of residence at time of initial AIDS diagnosis.

Population Age 13+: Population age 13 years or older, estimate for 7/1/2012.

Rate: A proportion used to represent risk for disease within a given population. It is calculated by dividing the number of diagnoses by the number of persons at risk (population estimate).

Mean Years from HIV Diagnosis (to AIDS Diagnosis): Mean number of years from initial HIV diagnosis to initial AIDS diagnosis for cases with a reported AIDS diagnosis.

Percent Late HIV Diagnosis (for AIDS diagnoses): Percent of adult/adolescent reported AIDS diagnoses with an initial HIV diagnosis less than or equal to 12 months prior to their initial AIDS diagnosis.

Table 3 – Adult/Adolescent HIV Cases Alive on 9/30/2012, by Jurisdiction, Reported through 9/30/2013

JURISDICTION OF RESIDENCE AT DIAGNOSIS	Population Age 13+	Adult/Adolescent Living HIV Cases without AIDS			Adult/Adolescent Living HIV Cases with AIDS			Adult/Adolescent Total Living HIV Cases			
		No.	% of Total	Rate	No.	% of Total	Rate	No.	% of Total	Rate	Ratio (1 in X)
Allegany	64,786	36	0.3%	55.6	35	0.2%	54.0	71	0.2%	109.6	912
Anne Arundel	460,107	429	3.3%	93.2	627	3.9%	136.3	1,056	3.6%	229.5	435
Baltimore City	521,466	5,234	40.7%	1,003.7	6,662	41.4%	1,277.6	11,896	41.1%	2,281.3	43
Baltimore	690,522	1,256	9.8%	181.9	1,579	9.8%	228.7	2,835	9.8%	410.6	243
Calvert	74,654	46	0.4%	61.6	54	0.3%	72.3	100	0.3%	134.0	746
Caroline	27,021	26	0.2%	96.2	32	0.2%	118.4	58	0.2%	214.7	465
Carroll	141,013	53	0.4%	37.6	63	0.4%	44.7	116	0.4%	82.3	1,215
Cecil	84,566	47	0.4%	55.6	58	0.4%	68.6	105	0.4%	124.2	805
Charles	124,626	165	1.3%	132.4	157	1.0%	126.0	322	1.1%	258.4	387
Dorchester	27,518	38	0.3%	138.1	74	0.5%	268.9	112	0.4%	407.0	245
Frederick	198,694	133	1.0%	66.9	145	0.9%	73.0	278	1.0%	139.9	714
Garrett	25,615	3	0.0%	11.7	4	0.0%	15.6	7	0.0%	27.3	3,659
Harford	208,064	153	1.2%	73.5	212	1.3%	101.9	365	1.3%	175.4	570
Howard	248,000	173	1.3%	69.8	216	1.3%	87.1	389	1.3%	156.9	637
Kent	17,692	17	0.1%	96.1	18	0.1%	101.7	35	0.1%	197.8	505
Montgomery	834,814	1,450	11.3%	173.7	1,786	11.1%	213.9	3,236	11.2%	387.6	257
Prince George's	733,568	2,694	20.9%	367.2	3,041	18.9%	414.5	5,735	19.8%	781.8	127
Queen Anne's	40,871	14	0.1%	34.3	31	0.2%	75.8	45	0.2%	110.1	908
Saint Mary's	89,056	45	0.3%	50.5	60	0.4%	67.4	105	0.4%	117.9	848
Somerset	23,041	19	0.1%	82.5	29	0.2%	125.9	48	0.2%	208.3	480
Talbot	32,981	22	0.2%	66.7	31	0.2%	94.0	53	0.2%	160.7	622
Washington	125,490	161	1.3%	128.3	134	0.8%	106.8	295	1.0%	235.1	425
Wicomico	84,554	93	0.7%	110.0	104	0.6%	123.0	197	0.7%	233.0	429
Worcester	45,218	31	0.2%	68.6	48	0.3%	106.2	79	0.3%	174.7	572
Corrections	--	528	4.1%	--	907	5.6%	--	1,435	5.0%	--	--
TOTAL	4,923,935	12,866	100.0%	261.3	16,107	100.0%	327.1	28,973	100.0%	588.4	169

Jurisdiction of Residence at Diagnosis: Jurisdiction of residence at later of time of initial HIV diagnosis or time of initial AIDS diagnosis.

Population Age 13+: Population greater than or equal to 13 years old, estimate for 7/1/2012.

Adult/Adolescent Living HIV Cases without AIDS: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, without an AIDS diagnosis, and not reported to have died as of 9/30/2012.

Adult/Adolescent Living HIV Cases with AIDS: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an AIDS diagnosis, and not reported to have died as of 9/30/2012.

Adult/Adolescent Total Living HIV Cases: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with or without an AIDS diagnosis, and not reported to have died as of 9/30/2012.

Rate: A proportion used to represent risk for disease within a given population. It is calculated by dividing the number of diagnoses by the number of persons at risk (population estimate).

Ratio (1 in X): Number of people for every 1 living HIV case in the population, or 1 living HIV case in every X number of people.

Table 4 – CD4 Test Results for Adult/Adolescent HIV Cases Alive on 9/30/2012, Reported through 9/30/2013

JURISDICTION OF RESIDENCE AT DIAGNOSIS	Adult/Adolescent Total Living HIV Cases							
	No.	Recent CD4 Test Result						
		No. with Test	% with Test	Median Count	<200	200-349	350-499	500+
Allegany	71	51	71.8%	616	9.8%	13.7%	11.8%	64.7%
Anne Arundel	1,056	624	59.1%	473	12.8%	20.0%	20.2%	47.0%
Baltimore City	11,896	6,994	58.8%	477	15.5%	17.2%	20.2%	47.1%
Baltimore	2,835	1,691	59.6%	480	15.1%	17.4%	19.6%	47.9%
Calvert	100	67	67.0%	515	19.4%	13.4%	14.9%	52.2%
Caroline	58	37	63.8%	586	18.9%	8.1%	10.8%	62.2%
Carroll	116	51	44.0%	475	19.6%	9.8%	25.5%	45.1%
Cecil	105	52	49.5%	486	5.8%	23.1%	23.1%	48.1%
Charles	322	194	60.2%	477	14.9%	14.4%	23.7%	46.9%
Dorchester	112	77	68.8%	466	13.0%	20.8%	18.2%	48.1%
Frederick	278	147	52.9%	529	10.2%	10.2%	21.8%	57.8%
Garrett	7	2	28.6%	***	***	***	***	***
Harford	365	203	55.6%	503	15.3%	14.8%	19.7%	50.2%
Howard	389	204	52.4%	570	13.7%	13.7%	16.7%	55.9%
Kent	35	19	54.3%	627	***	***	***	***
Montgomery	3,236	1,598	49.4%	510	12.0%	15.6%	20.8%	51.6%
Prince George's	5,735	2,959	51.6%	479	15.7%	15.3%	21.5%	47.5%
Queen Anne's	45	27	60.0%	507	7.4%	22.2%	18.5%	51.9%
Saint Mary's	105	60	57.1%	519	18.3%	13.3%	16.7%	51.7%
Somerset	48	27	56.3%	588	3.7%	7.4%	29.6%	59.3%
Talbot	53	34	64.2%	484	17.6%	17.6%	14.7%	50.0%
Washington	295	150	50.8%	562	10.7%	14.7%	18.0%	56.7%
Wicomico	197	106	53.8%	466	22.6%	14.2%	18.9%	44.3%
Worcester	79	50	63.3%	527	16.0%	18.0%	10.0%	56.0%
Corrections	1,435	824	57.4%	445	18.7%	19.1%	19.2%	43.1%
TOTAL	28,973	16,248	56.1%	483	15.1%	16.6%	20.3%	48.0%

*** Data withheld due to low population counts and/or case counts

Adult/Adolescent Total Living HIV Cases: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with or without an AIDS diagnosis, and not reported to have died as of 9/30/2012.

Recent CD4 Test Result: The most recent CD4 test result reported in the 12 months prior to 9/30/2012.

Jurisdiction of Residence at Diagnosis: Jurisdiction of residence at later of time of initial HIV diagnosis or time of initial AIDS diagnosis.

Median Count (Recent CD4): Median CD4 count (cells per microliter) of the most recent CD4 test result reported in the 12 months prior to 9/30/2012.

CD4 Result Distribution (<200, 200-349, 350-499, 500+): Percent of cases with a CD4 test distributed by their CD4 count results (cells per microliter).

Table 5 – Viral Load Test Results for Adult/Adolescent HIV Cases Alive on 9/30/2012, by Jurisdiction, Reported through 9/30/2013

JURISDICTION OF RESIDENCE AT DIAGNOSIS	Adult/Adolescent Total Living HIV Cases				
	No.	Recent Viral Load Test Result			
		No. with Test	% with Test	% Suppressed	Median Unsuppressed
Allegany	71	47	66.2%	68.1%	2,512
Anne Arundel	1,056	559	52.9%	48.3%	570
Baltimore City	11,896	6,071	51.0%	41.7%	701
Baltimore	2,835	1,560	55.0%	47.2%	920
Calvert	100	64	64.0%	65.6%	111
Caroline	58	37	63.8%	56.8%	1,437
Carroll	116	54	46.6%	50.0%	3,530
Cecil	105	46	43.8%	58.7%	580
Charles	322	195	60.6%	56.9%	3,341
Dorchester	112	68	60.7%	57.4%	2,877
Frederick	278	136	48.9%	64.7%	1,080
Garrett	7	2	28.6%	***	***
Harford	365	191	52.3%	53.9%	390
Howard	389	196	50.4%	58.7%	390
Kent	35	20	57.1%	***	***
Montgomery	3,236	1,596	49.3%	60.3%	305
Prince George's	5,735	2,952	51.5%	56.3%	600
Queen Anne's	45	27	60.0%	51.9%	109
Saint Mary's	105	61	58.1%	50.8%	1,157
Somerset	48	29	60.4%	62.1%	610
Talbot	53	35	66.0%	62.9%	726
Washington	295	151	51.2%	69.5%	617
Wicomico	197	104	52.8%	47.1%	980
Worcester	79	49	62.0%	65.3%	290
Corrections	1,435	758	52.8%	44.6%	855
TOTAL	28,973	15,008	51.8%	49.2%	670

*** Data withheld due to low population counts and/or case counts

Adult/Adolescent Total Living HIV Cases: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with or without an AIDS diagnosis, and not reported to have died as of 9/30/2012.

Jurisdiction of Residence at Diagnosis: Jurisdiction of residence at later of time of initial HIV diagnosis or time of initial AIDS diagnosis.

Recent Viral Load Test Result: The most recent viral load test result reported in the 12 months prior to 9/30/2012.

Percent Suppressed (Viral Load): Percent of adult/adolescent total living HIV cases with a most recent viral load reported in the 12 months prior to 9/30/2012 of less than 400 copies per milliliter.

Median Unsuppressed (Viral Load): Median unsuppressed viral load (copies per milliliter) among adult/adolescent living HIV cases with a most recent viral load test result reported in the 12 months prior to 9/30/2012 of 400 copies per milliliter or greater.